



# Election to cease membership

## Application form and Explanatory notes

Only use this form and explanatory notes if you are a contributing member of PSS (and are not on leave without pay that does not count as service) and wish to cease PSS membership to join an alternative scheme (PSSap if you are eligible – check with your employer).

Before completing this application form you should read the **PSS Product Disclosure Statement (PDS)** and the **Ceasing PSS membership** factsheet at [csc.gov.au](http://csc.gov.au) or call **1300 000 377**.

It is important to note that once you have made a valid election to cease your PSS membership, we will preserve your benefit and there is **no option to re-join the scheme at a later date**.

### Explanatory notes

These notes are intended to assist you in completing the attached form. They are not intended to provide a detailed explanation about your option to cease PSS membership.

### Where to find out more about your option to cease PSS membership

Please refer to our publications outlined on page 1 when you are deciding on your options.

There are also factsheets, and calculators available at [csc.gov.au](http://csc.gov.au)

Other sources of information include the following:

Our Customer Information Centre:

- Phone: 1300 000 377
- Email: [members@pss.gov.au](mailto:members@pss.gov.au)

It is in your interest to seek professional advice before you make a decision. For information on the personal advice service available to you, please refer to the first page of this information leaflet.

### The PSS election to cease membership form

Take care when completing this form. If you do not complete the application form correctly we may declare it void.

### Financial advice for your needs and goals

Obtaining professional advice from an experienced financial planner can help you reach your financial goals.

CSC's authorised financial planners provide 'fee for service' advice, which means you receive a fixed quote upfront. There are no obligations, commissions or hidden fees.

To arrange an initial advice appointment please call **1300 277 777** during business hours.



## A Personal details

Please complete all the boxes in **Section A**. This enables us to identify you and tell us where to contact you.

### Relationship details

Please provide details of your relationship status, including same sex or opposite sex de facto relationships. You may wish to include a copy of your marriage certificate or registered relationship certificate with your application. This would speed up the process in the event that a spouse's benefit becomes payable.

For the definition of a spouse for death benefits, see the **Death benefits** factsheet at [csc.gov.au](http://csc.gov.au)

### Contact details

This postal address is where we will send all correspondence to you.

We also require contact phone numbers, in case we need to contact you. Your current work number, an email address, either at work or at home, is useful for us to contact you quickly.

### Employment details

Please provide the details of your current employer so we can contact them if required.

## B Identification requirements

To guard against fraud, money laundering, terrorism financing, you need to provide us with information to verify your identity before your request can be processed. The identification documents you send us will be verified electronically using a Document Verification System, or you can provide certified copies of your documents with your application. If you supply certified documents, the person certifying them must attest that the documents are true copies, and that you are the valid holder of the identification. Copies of your documents will be scanned and stored on our secure document management system.

## C Information acknowledgement

Please complete this to acknowledge that you have received and understood sufficient information to be able to make an informed choice about your election to cease PSS membership.

You are making a formal election under the provision of the *Superannuation Act 1990*. This election is binding and you cannot change it.

We **strongly recommend** you make use of the information sources outlined at the start of the **Explanatory notes before** you complete this section.

## D Joining an alternative scheme

When you elect to cease PSS membership, one of the following two options will apply to you:

- if you are eligible to be a member of PSSap you will automatically join PSSap
- or
- if you are not eligible to be a member of PSSap you can elect to join a superannuation fund of your choice provided your employer agrees to make superannuation contributions on your behalf into that superannuation fund.

It is very important that you discuss with your employer your intention to cease PSS membership and the options available to you to join another superannuation scheme. Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member of another superannuation scheme for the cessation of your PSS membership to take effect.

You should tick which statement applies to you in this section.

## E Transfer amounts currently held by PSS

If you have a transfer amount you can pay it into an accumulation scheme. There are two types of transfer amounts:

- post 1995 transfer amounts
- pre 1996 transfer amounts.

Be aware that if you don't elect to rollover your transfer amount (on this election form) it will be included in the amount left preserved in PSS and you will not be able to access any part of your benefit until you meet a condition of release.

# F Taxation

## Start date for taxation purposes

For taxation purposes, your lump sum benefit is called a Superannuation Lump Sum Payment.

The start date relates to the date your eligible service period (ESP) started and is used to calculate the various components of your Superannuation Lump Sum Payment for taxation purposes.

Generally, your ESP is the number of days between the date you started your current employment (which may be earlier than the date you joined CSS or PSS), and the date your payment is made. If you were formerly a CSS member who started membership before 1 July 1983 and you have a long service leave start date that is earlier than your CSS start date, that earlier date applies as your ESP start date.

Earlier periods of employment for which you paid a transfer value into CSS or PSS are added to your ESP. If this is the case, please fill in the start date of that earlier service.

If you do not show a date in this section, we will use the date on which you joined PSS as your start date (unless you transferred from CSS, in which case we will use your CSS start date). If you are leaving your entire benefit (including any transfer amounts) preserved in PSS you do not need to fill out this section.

## Tax File Number (TFN)

### Your Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, we are required to deduct PAYG tax at the top marginal rate plus the Medicare levy from benefits if a person does not provide a TFN.

If you have not been issued a TFN you should lodge an Australian Taxation Office (ATO) application/enquiry form with the ATO. Forms are available at [ato.gov.au](http://ato.gov.au) or all ATO branches. You must provide proof of identity at the time you lodge the form.

### Approval to advise your TFN to rollover funds

We will provide your TFN to the receiving fund unless you instruct us not to. Please note that there are consequences for not supplying your TFN to a fund.

**Note:** We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

# G Departmental report

## Cessation date

Your PSS membership will not cease until you have become a member of another superannuation scheme. It is not sufficient that you elect to cease PSS membership; you must also become a member of another superannuation scheme for the cessation of your PSS membership to take effect. Therefore, your cessation date is the day BEFORE the date you join your new fund.

## What next?

**Do not send the completed application form directly to us.**

When you have completed **Sections A, B, C, D, E and F** of this form please give the form to your personnel section so they can complete the relevant section. Your personnel section will forward the completed form to us.

## Privacy

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via [csc.gov.au](http://csc.gov.au) or by contacting us on **1300 000 377**, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.

## Change of address

We will preserve your benefit in PSS and it is important that you advise us of any change in your postal address. This will enable us to forward information to you each year regarding your benefit.

**Note:** if you are a preserved benefit member and don't advise us of your change of address, we may treat you as a 'lost member'. This may ultimately result in your benefit being classed as 'unclaimed' once you reach 65.



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Start date of de facto relationship (if applicable)

DD / MM / YYYY

Spouse's date of birth

DD / MM / YYYY

### Your contact details

Address

Residential address

Suburb State Postcode

Phone

Business hours After hours

Mobile number

Would you like to receive an SMS to confirm we have received your application?

No Yes

Email

Email address

### Employment details

Name of employing department or agency

Employment details

## B Identification requirements

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

### Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.



If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents. Please also refer to the section Certifying your documents.

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

DVS is only compatible with some identification documents, these have been listed below.

## Certifying your documents

If you're providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.



**IMPORTANT: The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification.**

**Please note:**  
We require a copy of both sides of your identification document.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
  - an Officer; or
  - a Non-Commissioned Officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service; or
  - a Warrant Officer within the meaning of that Act.
- Midwife
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations Regulations 2018* available at [www.legislation.gov.au/Details/F2018L01296](http://www.legislation.gov.au/Details/F2018L01296)

## How can I meet the identification requirements?

You only need to provide **one** document from the **Primary photographic identification** category. If you can't provide any **Primary photographic identification** you will need to provide **one** secondary identification document from List A AND **one** secondary identification document from List B. We can only accept documents that are listed below for identification purposes.

If the name we hold on file for you is different to the name on your identification, or two pieces of identification are in different names, please provide a certified copy of your **Marriage** or **Change of Name certification**.





**If you would like us to use DVS to verify your identification, please provide authorisation by placing a check in the box below.**




I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.



**You must provide a copy\* of one of the following:**

### Primary photographic identification

DVS compatibility is shown as  or 

-  A current Australian Driver's Licence (front and back of licence must be provided).
-  A current Australian Passport (or one which has expired within the last two years).
-  A current Australian Proof of Age card (issued under a State or Territory law).

If your documents are incompatible with DVS, don't forget to provide certified copies.

## Secondary identification requirements

Only provide these documents if you're unable to provide **one** of the **Primary photographic identification** documents.

### List A

- Your Australian Birth Certificate or extract issued by a State or Territory.  
**Please note:** Birth Certificate extracts and Birth Certificates issued before 1970 may not be verified by DVS.
- Your Citizenship Certificate issued by the Commonwealth.
- Your current Pensioner Concession Card issued by the Department of Human Services.

### List B

- Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.
- Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. **For example:** rates notice, electricity or water bill.
- Your notice issued by the Commonwealth or a State or Territory government within the last 12 months showing your name and current residential address, and the provision of a financial benefit. **For example:** a Centrelink letter.

## Certifying your documents overseas

If you live overseas and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to [ag.gov.au](http://ag.gov.au) and [dfat.gov.au](http://dfat.gov.au). Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

**\*Don't send original documents.**



# Information acknowledgment

I have been advised to read the **PSS** and **PSSap PDS** before completing this form.

I understand that:

- I have been advised to read the explanatory notes and seek financial advice based on my personal situation and needs
- in electing to cease PSS membership in order to become a member of an alternative scheme I am making a formal election to cease PSS membership under the provisions of PSS legislation and that **I cannot subsequently revoke** this election
- I will become a member of PSSap (Commonwealth Superannuation Corporation's accumulation fund) or, if I am not eligible to join PSSap, a superannuation fund of my choice and the accrual of my superannuation benefit will be subject to the rules of those superannuation funds
- my insurance arrangements will be different in PSSap compared to those in PSS. This means I will receive the default cover and will be subject to limited cover for the first 12 months of membership; I am aware that if I wish to increase my level of insurance cover in PSSap it will be subject to underwriting
- my entire PSS benefit will be preserved in PSS until I become eligible under PSS rules to claim it
- if I have any transfer values and wish to roll them out of PSS into an accumulation plan I need to do so in this form (see **Section E**)
- while preserved, my member and productivity components, any amounts I transferred into PSS and my co-contributions (if applicable) will accrue at the earning rate of the fund; my employer component will accrue in line with CPI
- once my election to cease membership has been accepted I will no longer have an entitlement to re-join PSS, regardless that I remain a PSS preserved benefit member
- I understand that by making this election I do so in respect of all my PSS memberships including any concurrent memberships
- I have attached a copy of my marriage certificate or registered relationship certificate (if I have one).



Signature

Date signed

D	D	/	M	M	/	Y	Y	Y	Y







# F

## Taxation

1. What is your start date for taxation purposes?

See **Section F** in the **Explanatory notes**

D	D	/	M	M	/	Y	Y	Y	Y

2. Providing your TFN is voluntary. If you choose not to provide it you will not commit an offence.

The consequences of not providing your TFN are:

- tax will be deducted from your benefit/s at the highest marginal rate
- the trustee of another superannuation scheme or RSA provider holding your benefits now or in the future may not be able to locate, amalgamate or identify your benefits in order to pay you.

**Note that these consequences may change in the future as a result of legislative change.**

PSS is authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*. We will treat your TFN as confidential and will only use it for legal purposes, which include:

- disclosing it to the trustee of an eligible superannuation entity, regulated exempt public sector superannuation scheme or RSA provider to which your benefits are transferred in the future, unless you specifically instruct us not to
- finding or identifying your superannuation benefits where other information is insufficient
- calculating tax on your benefits
- providing information to the Commissioner for Taxation
- validating your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

Note that the lawful purposes may change in the future as a result of legislative change.

**Important note:** If you have already provided your TFN to us you are under no obligation to provide it again when making an application for benefits. However, if your TFN is NOT recorded by us, payment of your benefits may be delayed.

3.  Select this box if you do not want us to pass on your TFN

What is your Tax File Number?

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We are authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*.

**Section F** of the **Explanatory notes** summarises the legal uses of your TFN.

### Member checklist

Have you

- read all the explanatory notes, received a benefit estimate, and any other information you require to make an informed choice?
- filled in all the sections applicable to you?
- completed the identification requirements in **Section B**?
- signed the declaration in **Section C**?
- signed an election option in **Section D**?
- completed rollover nomination details at **Section E**?
- provided an 'ESP start date' (if appropriate) in **Section F, Question 1**?
- provided your TFN in **Section F, Question 3**?
- attached a copy of your marriage certificate or registered relationship certificate?

You have now completed this form. Please return it, with any attachments, to **your personnel section or pay office** for completion of the Departmental report and forwarding to us.

**Don't forget to check with your personnel section or pay office to ensure that your benefit application has been forwarded to us.**

End Form



# Departmental report – personnel section or pay office to complete

Member's name

Reference number (AGS)

Date of election to cease PSS membership  /  /

Date joined new super fund  /  /

Name of new super fund

Salary for superannuation benefit purposes at date of exit:

Salary for superannuation benefit purposes at 1 July 1999

\$

Salary for superannuation benefit purposes at date of exit

\$

Note: This is the member's salary for superannuation benefit purposes as at the date of exit. This can be greater than the salary for superannuation contribution purposes at the last birthday.

Last three superannuation variations including the payday that contributions were ceased (usually the payday after the date of exit).

	PAYDAY OF THE ADJUSTMENT	OLD PERM. CONT.	NEW PERM. CONT.	CURRENT ADJUSTMENT	POSITIVE OR NEGATIVE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -
3.	<input type="text"/>	<input type="text"/>	NIL	<input type="text"/>	<input type="checkbox"/> + <input type="checkbox"/> -

## Personnel checklist

**NOTE: Failure to provide the documents outlined in this checklist will result in delays in processing this application. We require the following information:**

- | YES                      | N/A                      |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> |                          | Employee's signature and date of birth confirmed   |
| <input type="checkbox"/> |                          | Superannuation history card or computer print-out attached   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the employee receiving an allowance (or did they receive such an allowance in the past three years) that increases salary for superannuation purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If <b>yes</b> , is the allowance automatically recognised as salary for superannuation purposes? If the allowance is not automatically recognised as salary for superannuation purposes, please attach form <b>S17A</b> , <b>S17S</b> or <b>S17T</b> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the member ever worked part-time hours? If <b>yes</b> , please attach details.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the employee had any periods of LWOP in the two years prior to date of exit? If <b>yes</b> , attach details of starting and ceasing date(s), and type of leave.  |

